



3/10/2020

Great American Insurance Group
 301 E. Fourth Street, 26th
 Cincinnati, OH 45202-1201
greatamericancrop.com
greatamericaninsurancegroup.com

Great American Insurance Group

New Heights Farm LLC II
 6241 Ransom St
 Zeeland, MI 49464

Policy Number: 1139526/1139527-2019
 Balance Due: \$97,913.00

Dear policyholder:

Great American Insurance (GAI) has agreed to your request for a payment plan for the balance due on your MPC I policy. The following is an outline of the scheduled installments to be made. **Please be advised that these payments are approximate; your account will continue to accrue interest until the balance has been paid in full. ** If the payment is not received or postmarked on or before the scheduled due date, this agreement will be considered in default and the entire balance will be due immediately. At that time, your name will be added to the Ineligible Tracking System with an ineligibility date of 03/15/20. If Great American Insurance processes any indemnity claim while any debt referred to in this agreement is still outstanding, the indemnity will not be paid to you, but will be applied as payment toward the next scheduled installment(s) against this debt. Please sign the form below and return it by 03/15/20.

		Current Balance:	\$97,913.00
<u>Due Date:</u>			
3/15/2020	\$35,000.00	Balance:	\$62,913.00
5/1/2020	\$9,442.00	Balance:	\$54,257.00
6/1/2020	\$9,442.00	Balance:	\$45,493.00
7/1/2020	\$9,442.00	Balance:	\$36,619.00
8/1/2020	\$9,442.00	Balance:	\$27,634.00
9/1/2020	\$9,442.00	Balance:	\$18,537.00
10/1/2020	\$9,442.00	Balance:	\$9,326.00 (plus interest)
11/1/2020	\$9,442.00	Balance:	\$0.00

I accept the terms of this repayment agreement. The monthly payment must be received or postmarked on or before the scheduled due date. Payment may be paid online at greatamericancrop.com or by phone 800-341-5546

Signature: _____ Date: _____
 Signature: Rebecca Combs Date: 3/10/2020

Rebecca Combs
 Great American Insurance
 Agency Collection Representative III
 513-763-8424
 513-246-0612 fax
rcombs@gaig.com

Payment Information for:

Insured: **New Heights Farm** 6241 Ransom St
 Policy Number: **1139526/113952** Zeeland, MI 49464
 Type: **MPCI**

Send payments to:
 Great American Insurance Company
 Crop Division
 3923 Solutions Center
 Chicago, IL 60677

Premium	\$91,089.00
- Payment/Loss Credit	0.00
+ Interest	6,824.00
Amount due	\$97,913.00

		Beginning Balance	Payment	Applied to Principal	Applied to Interest	Ending Balance	Additional Interest
Payment 1	3/15/2020	\$97,913.00	\$35,000.00	\$28,176.00	\$6,824.00	\$62,913.00 +	\$786.00
Payment 2	5/1/2020	\$63,699.00	\$9,442.00	\$8,656.00	\$786.00	\$54,257.00 +	\$678.00
Payment 3	6/1/2020	\$54,935.00	\$9,442.00	\$8,764.00	\$678.00	\$45,493.00 +	\$568.00
Payment 4	7/1/2020	\$46,061.00	\$9,442.00	\$8,874.00	\$568.00	\$36,619.00 +	\$457.00
Payment 5	8/1/2020	\$37,076.00	\$9,442.00	\$8,985.00	\$457.00	\$27,634.00 +	\$345.00
Payment 6	9/1/2020	\$27,979.00	\$9,442.00	\$9,097.00	\$345.00	\$18,537.00 +	\$231.00
Payment 7	10/1/2020	\$18,768.00	\$9,442.00	\$9,211.00	\$231.00	\$9,326.00 +	\$116.00
Payment 8	11/1/2020	\$9,442.00	\$9,442.00	\$9,326.00	\$116.00	\$0.00	

Please enclose remittance form with each payment

PLEASE CALL 1-888-410-0468 FOR PAYOFF AMOUNT
Payment 8 of 8 \$9,442.00

Payment Agreement

Due Date: 11/1/2020
 Insured: New Heights Farm LLC II
 Policy Number: 1139526/1139527-2019

Payment 7 of 8 \$9,442.00

Payment Agreement

Due Date: 10/1/2020
 Insured: New Heights Farm LLC II
 Policy Number: 1139526/1139527-2019

Payment 6 of 8 \$9,442.00

Payment Agreement

Due Date: 9/1/2020
 Insured: New Heights Farm LLC II
 Policy Number: 1139526/1139527-2019

Payment 5 of 8 \$9,442.00

Payment Agreement

Due Date: 8/1/2020
 Insured: New Heights Farm LLC II
 Policy Number: 1139526/1139527-2019